

FEDERAL EXPRESS SHIPPING FORM

(Please Print Legibly)

SECTION 1

Date: _____ Sender: _____ Division: _____

Cost Center: _____ WBS Element: _____

SECTION 2

Receiver's Name: _____

Complete Street Address: _____

City, State, Zip, Country: _____

If address is the same, enter number of packages: _____

Destination: Business _____ Residential _____

SECTION 3

Next Day Air/WW Express: _____ 2nd Day Air/WW Expedited: _____

3 Day Select: _____ Standard to Canada: _____ Ground: _____ Other: _____

Insured Value: \$ _____ Hazardous Material: _____

Below to be filled out by Mail Room Personnel

Tracking Numbers(s): _____
